

FIG. 1

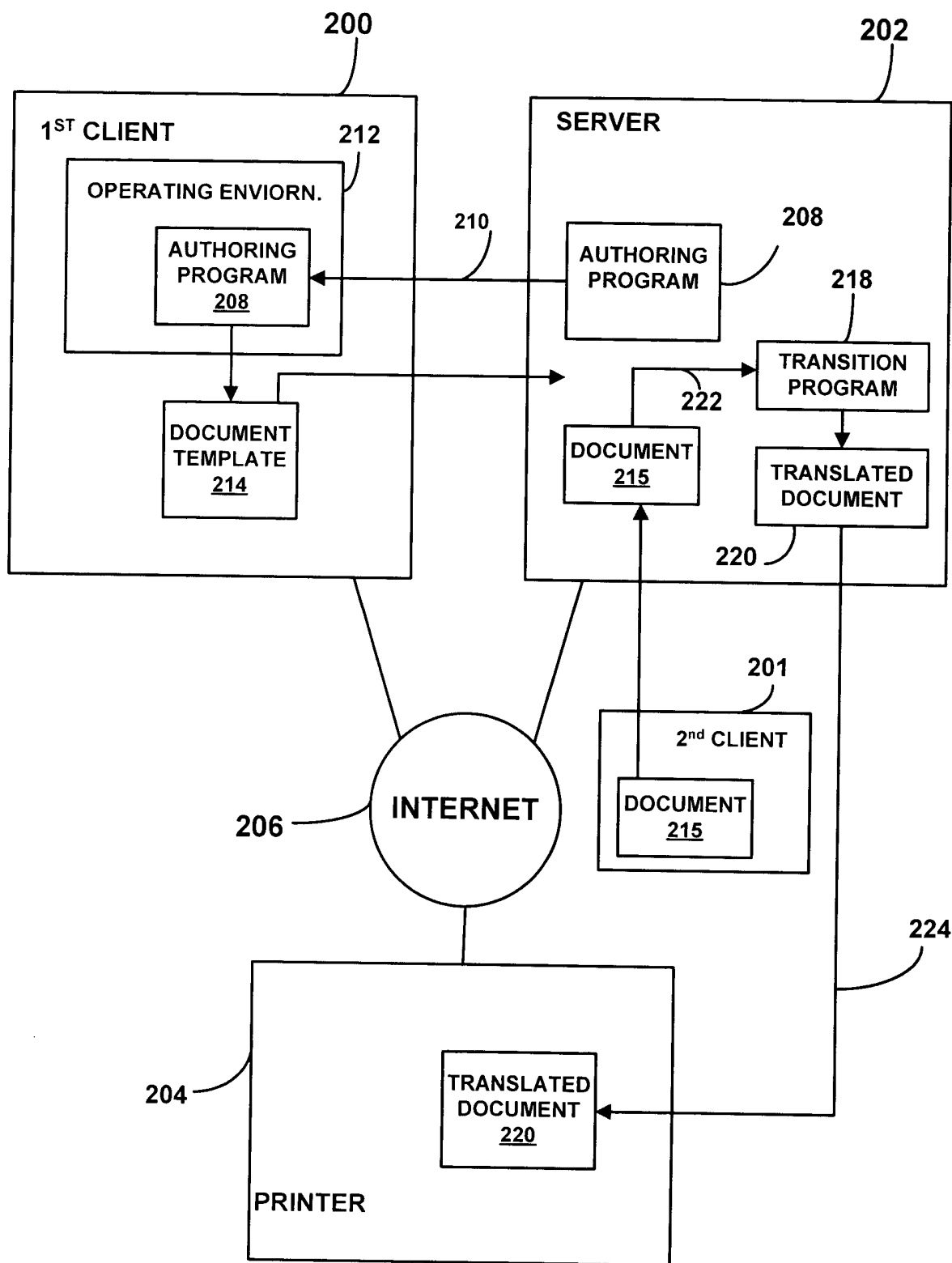


FIG. 2

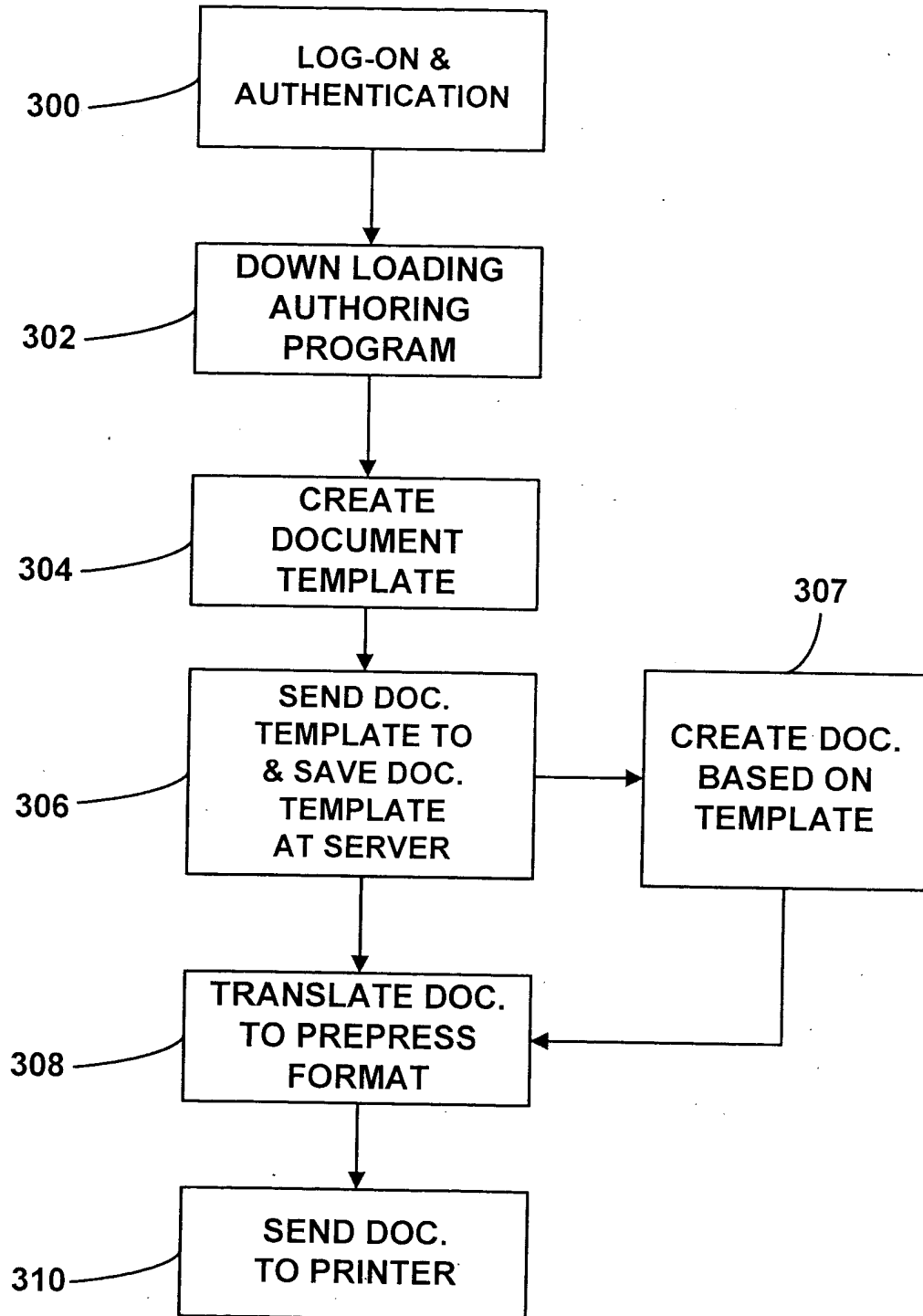


FIG. 3

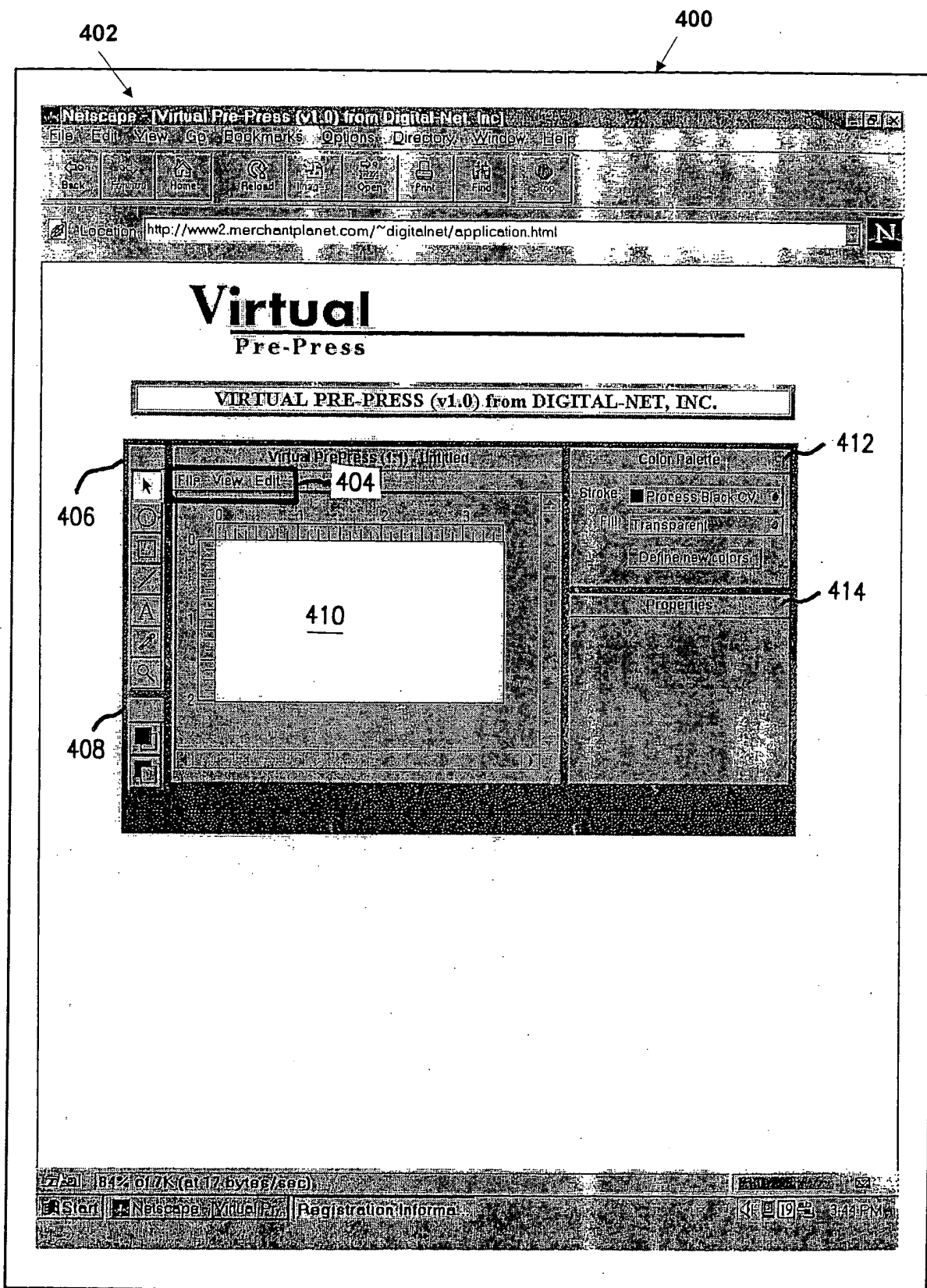


FIG. 4a

COPIED JUL 28 2003

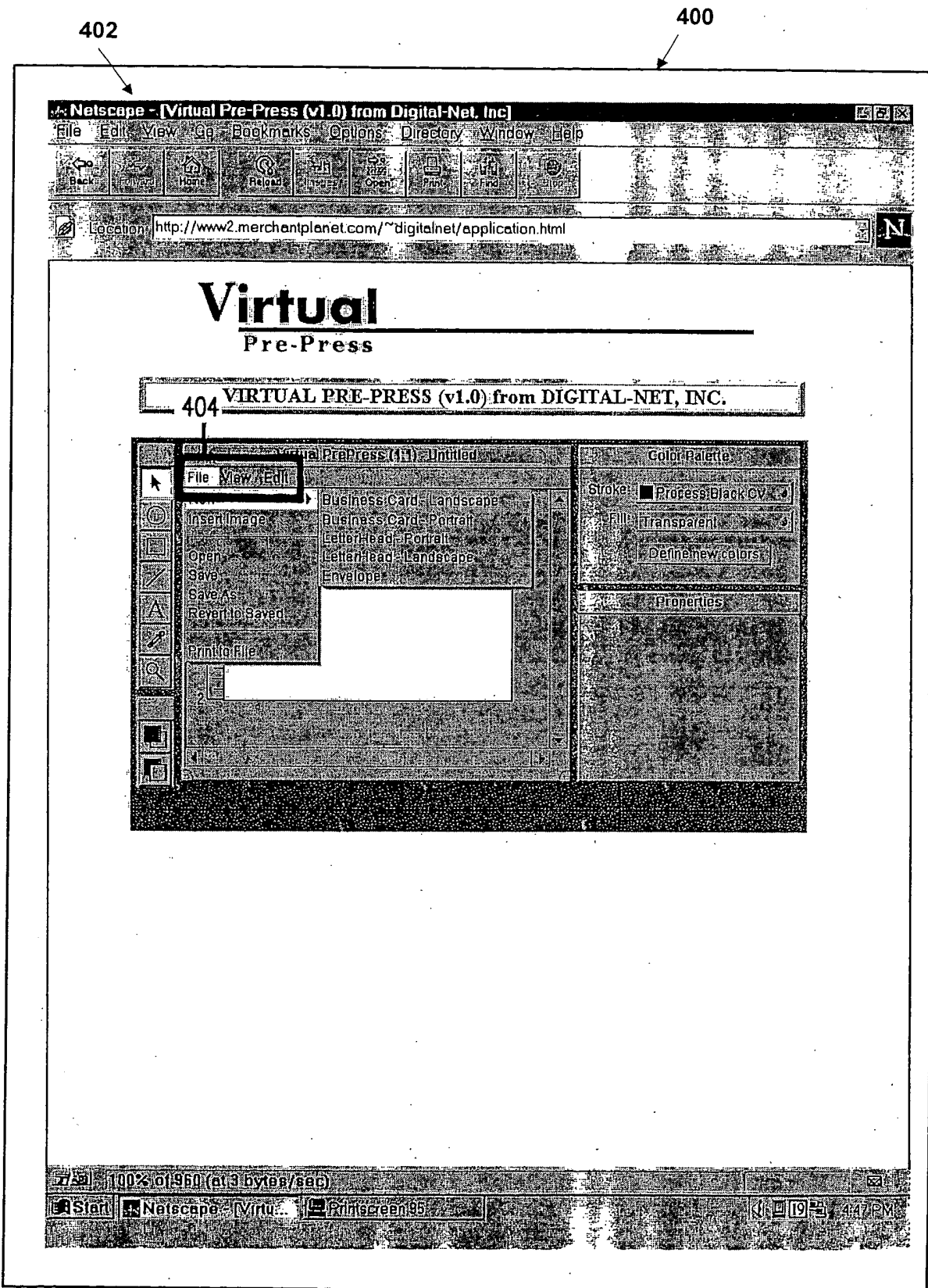


FIG. 4b

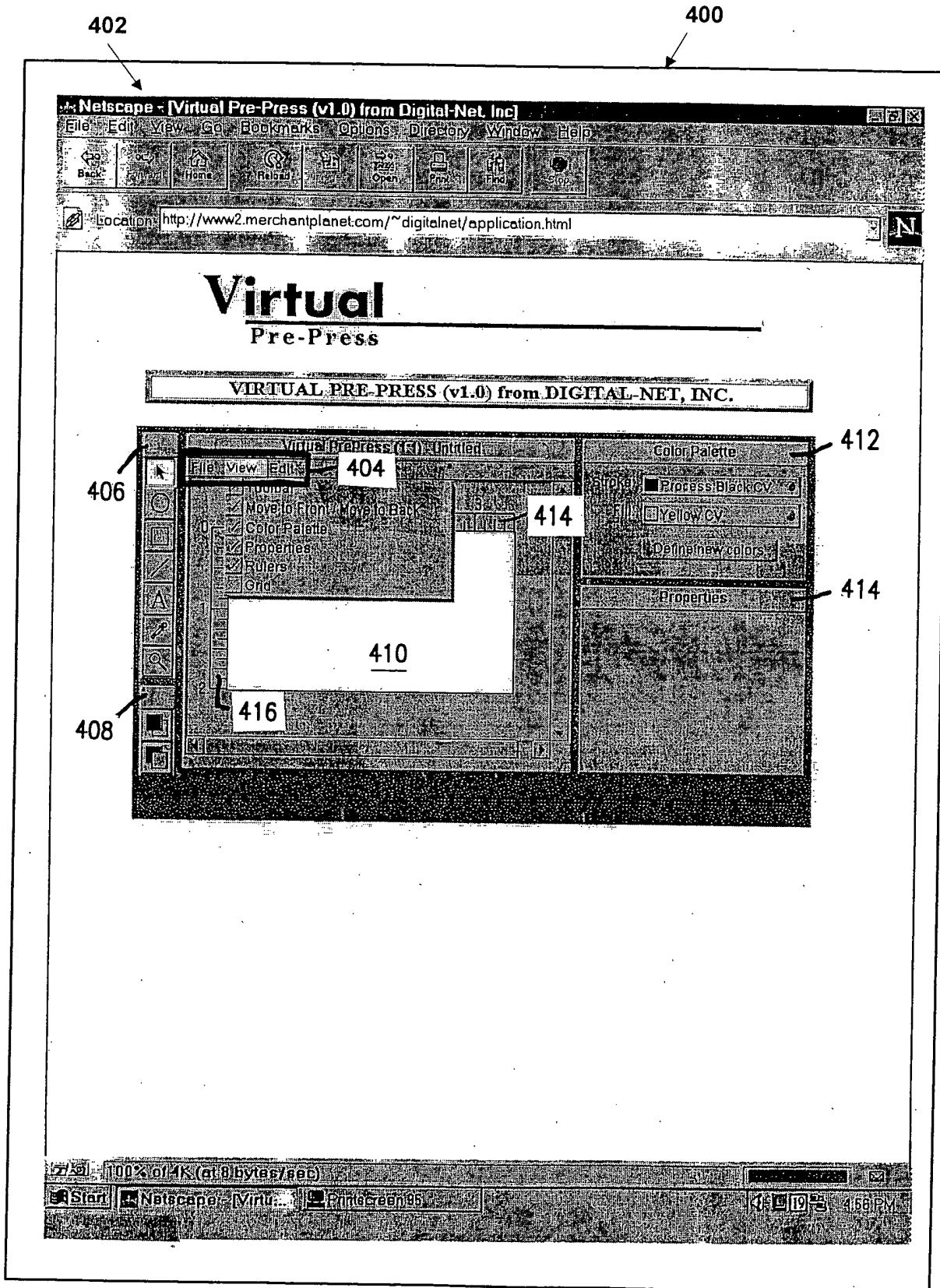


FIG. 4c

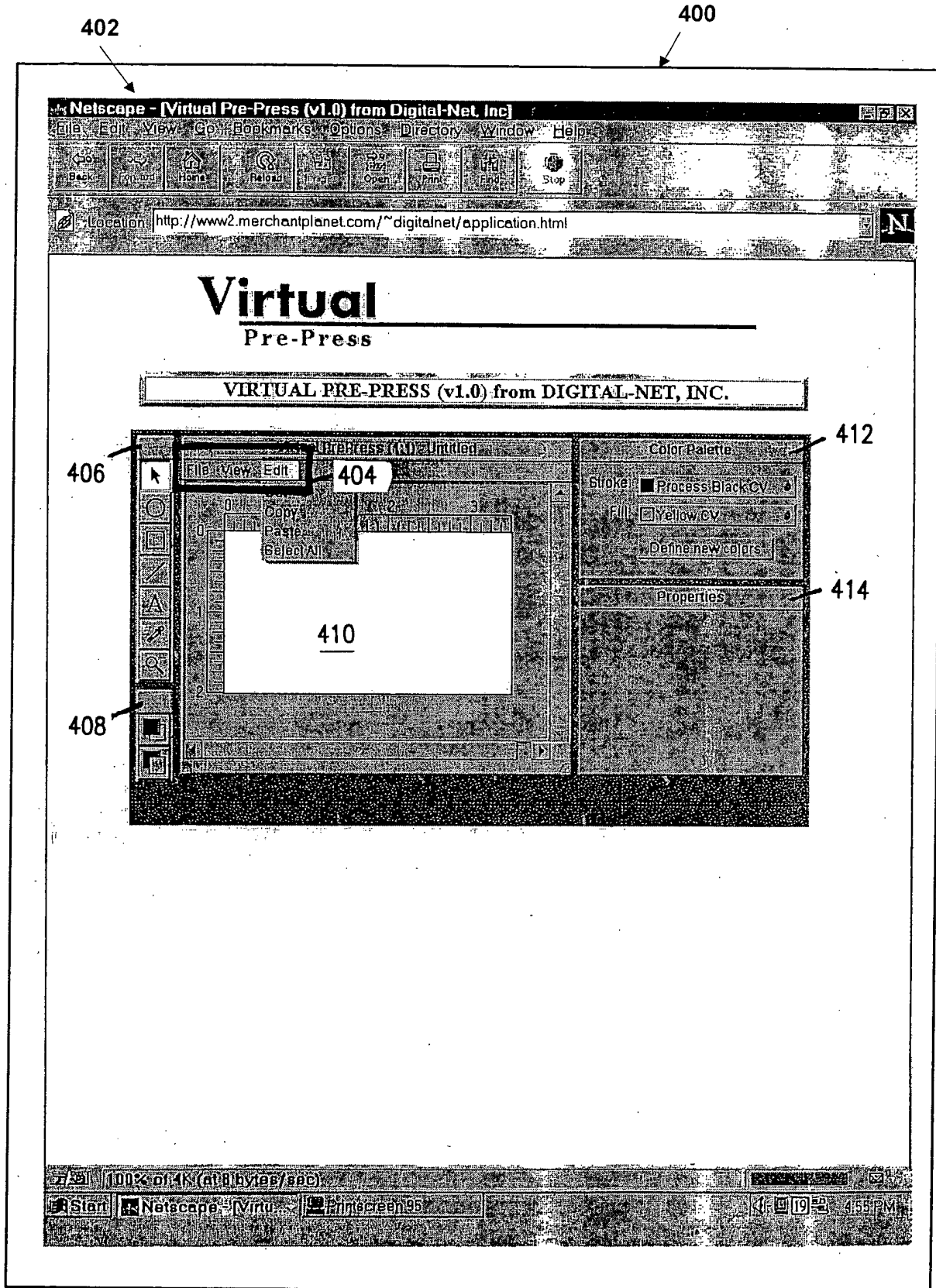


FIG. 4d

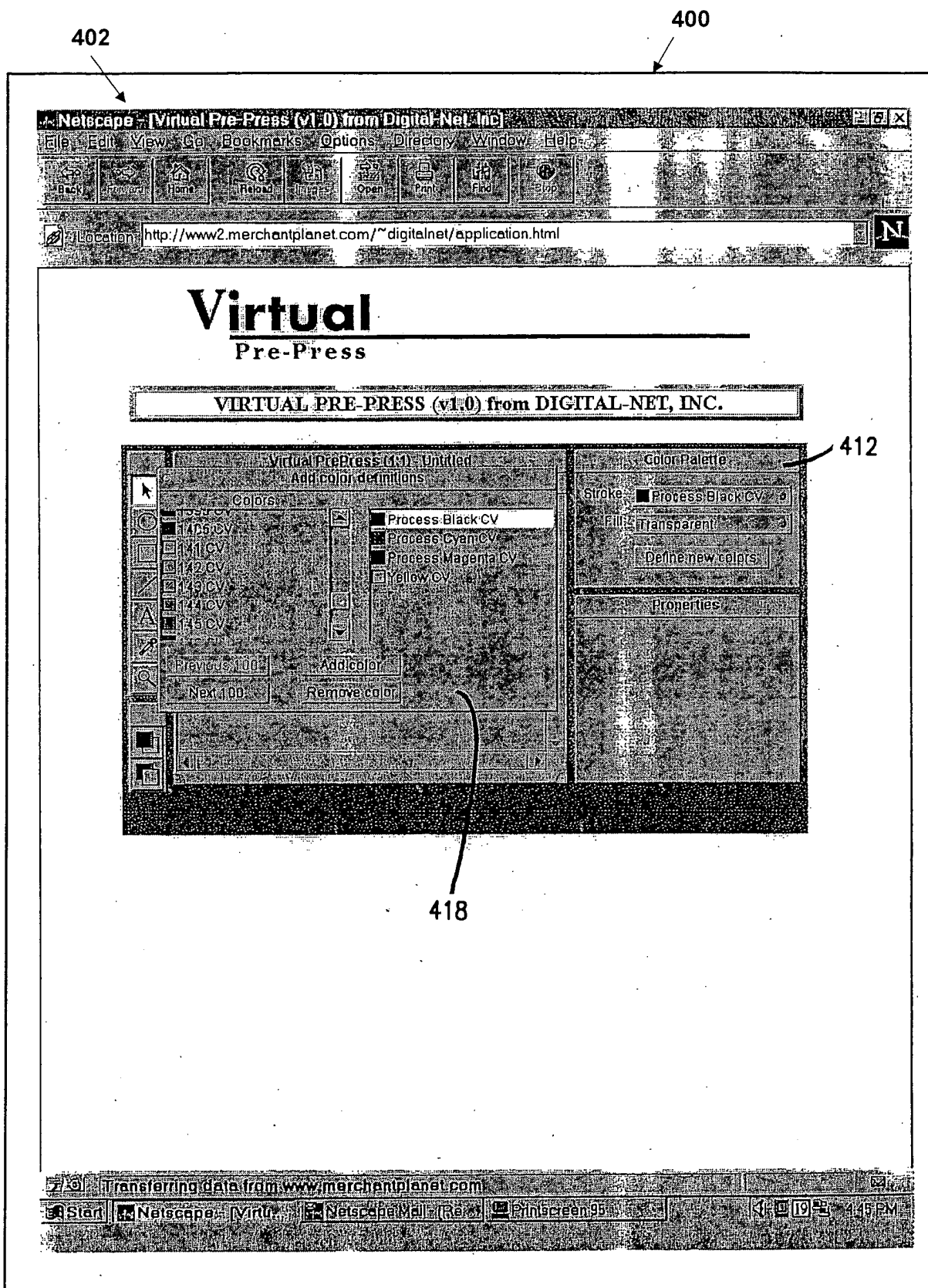


FIG. 4e

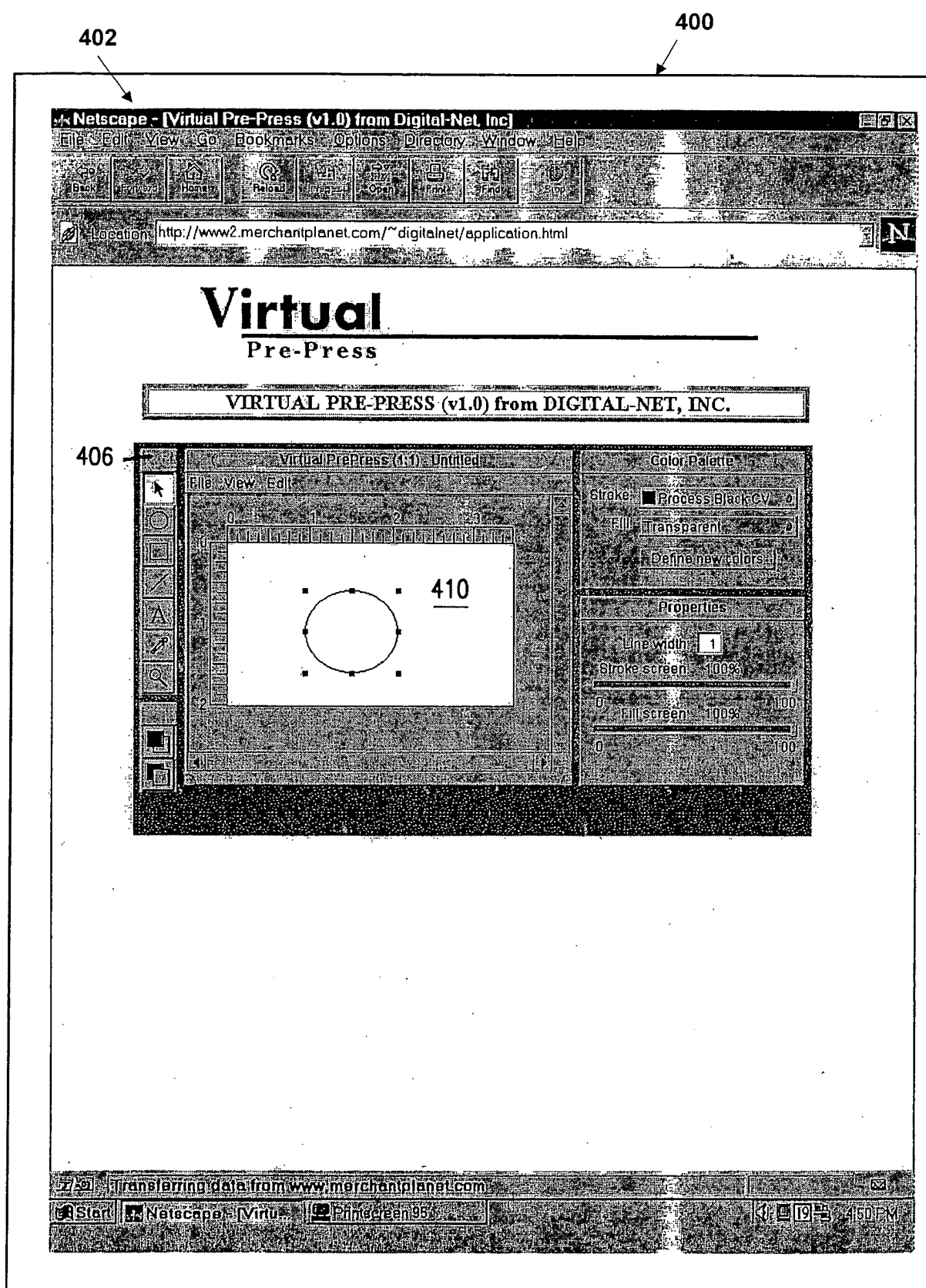


FIG. 4f

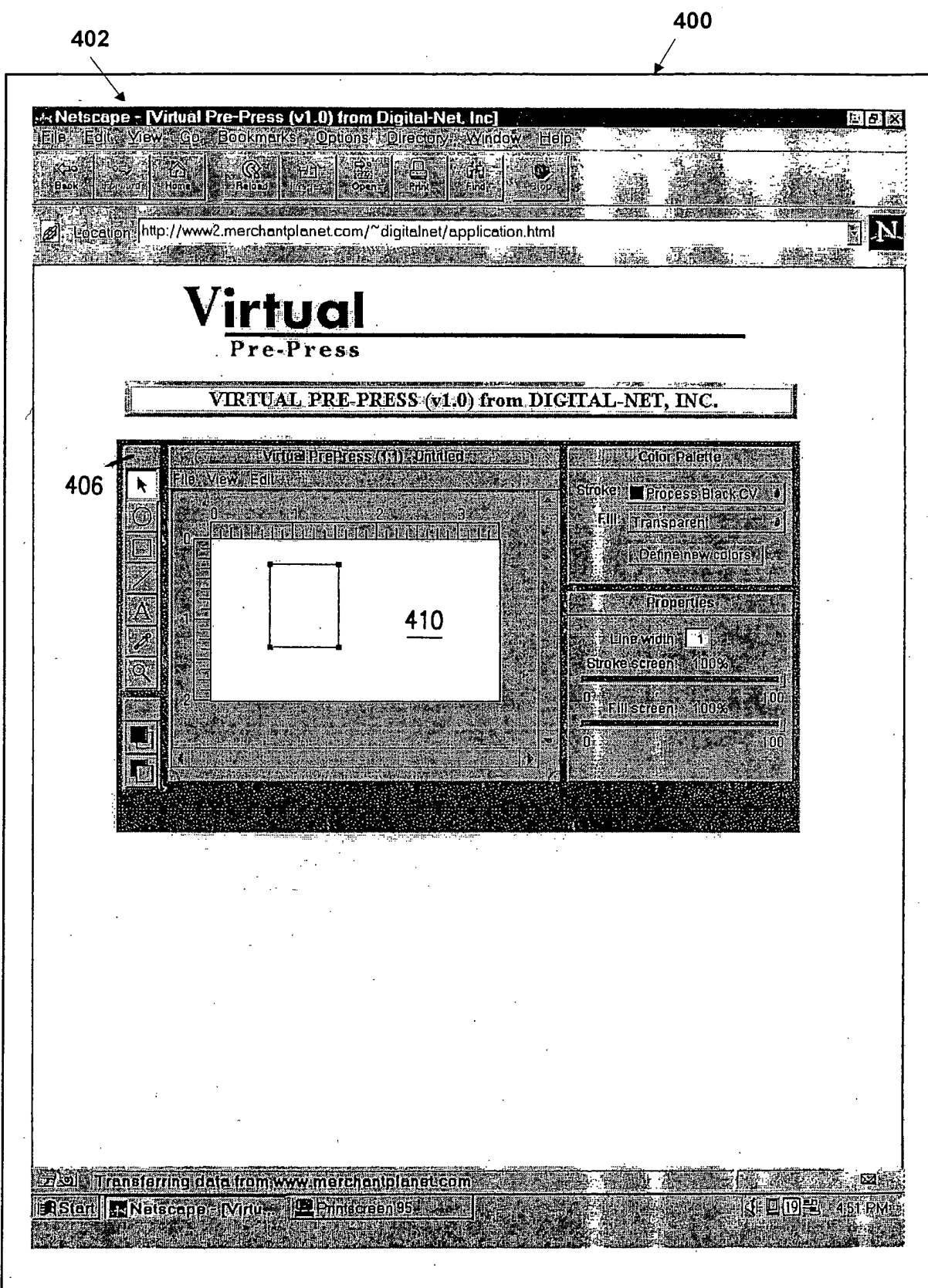


FIG. 4g

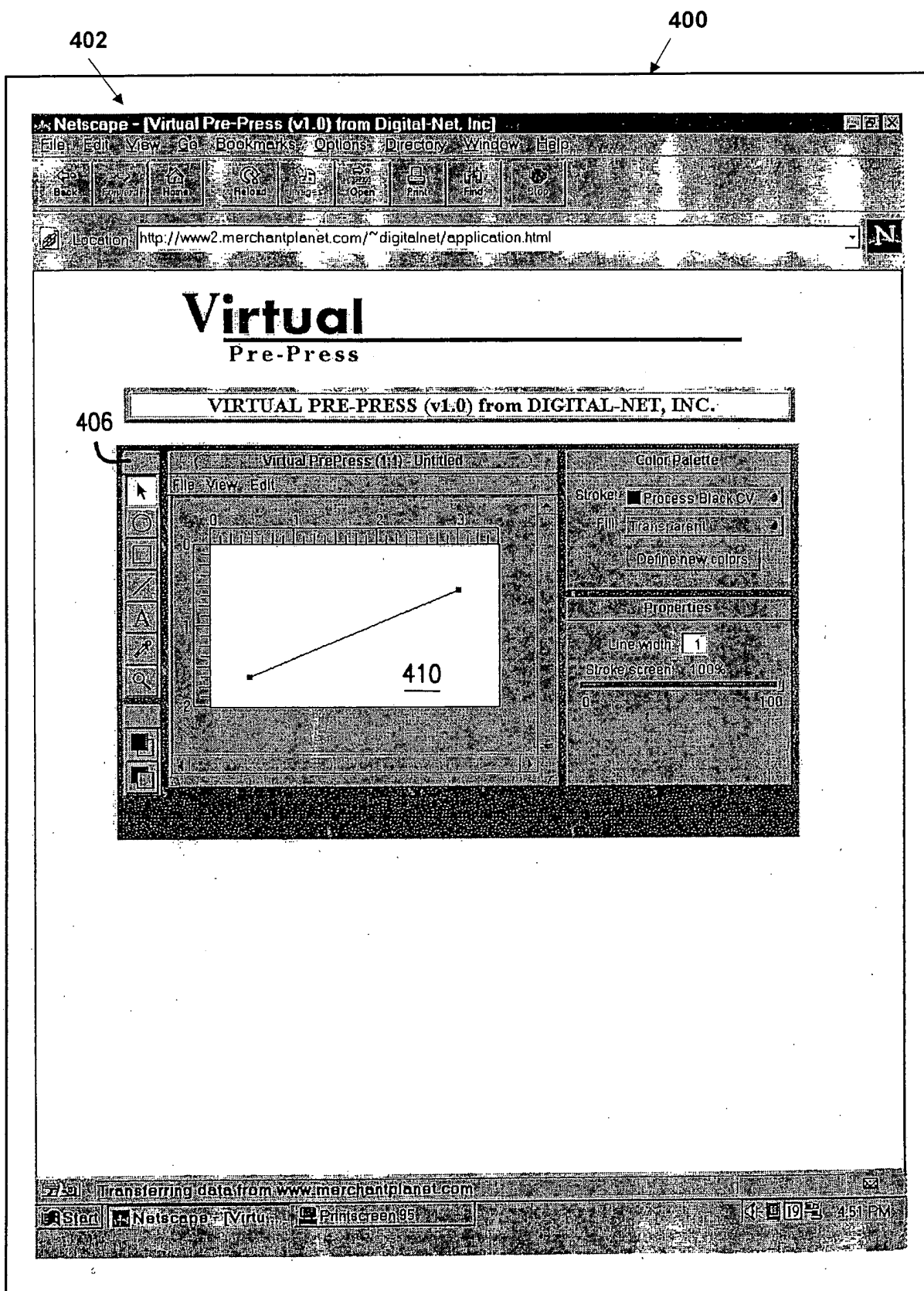


FIG. 4h

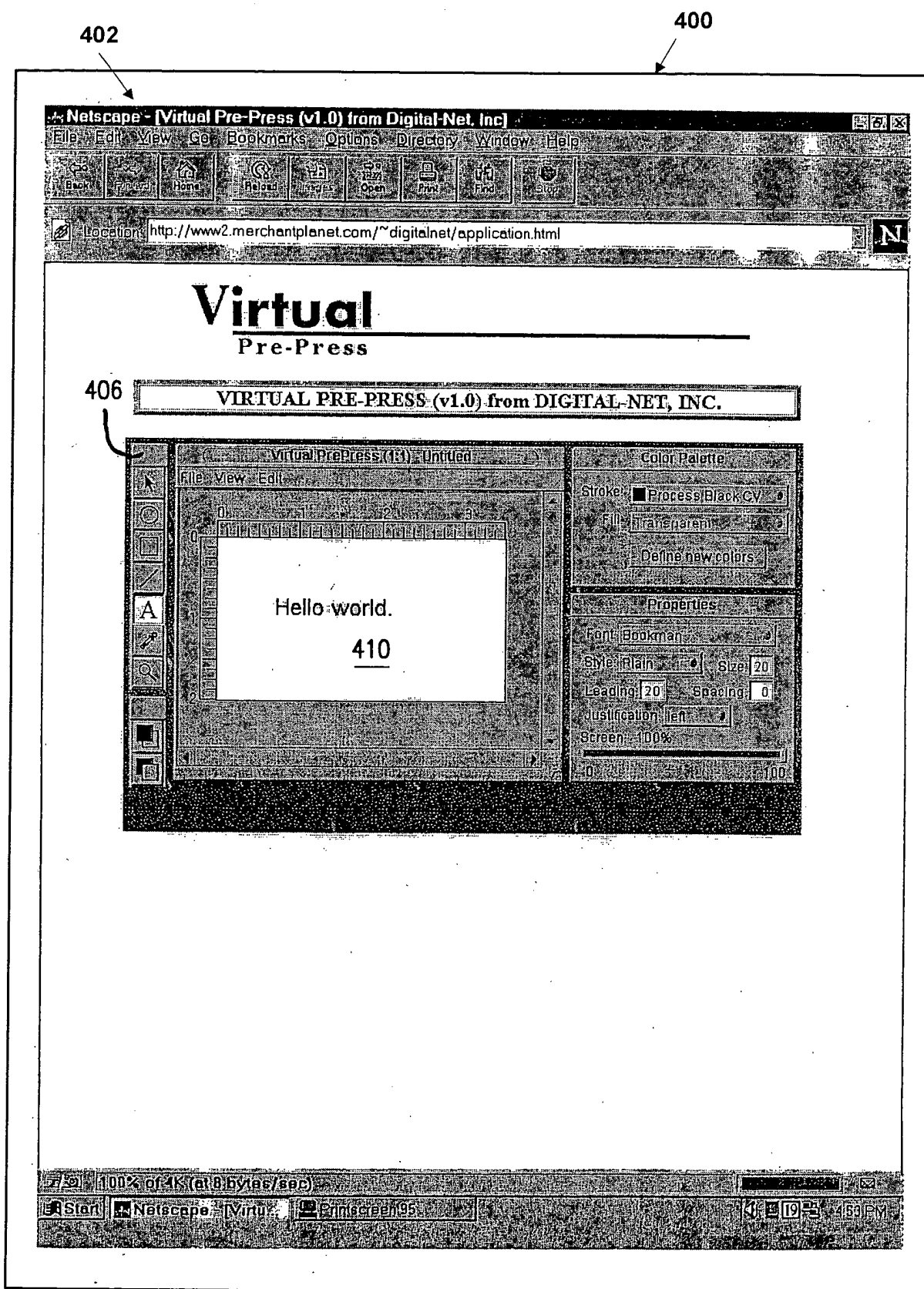


FIG. 4i

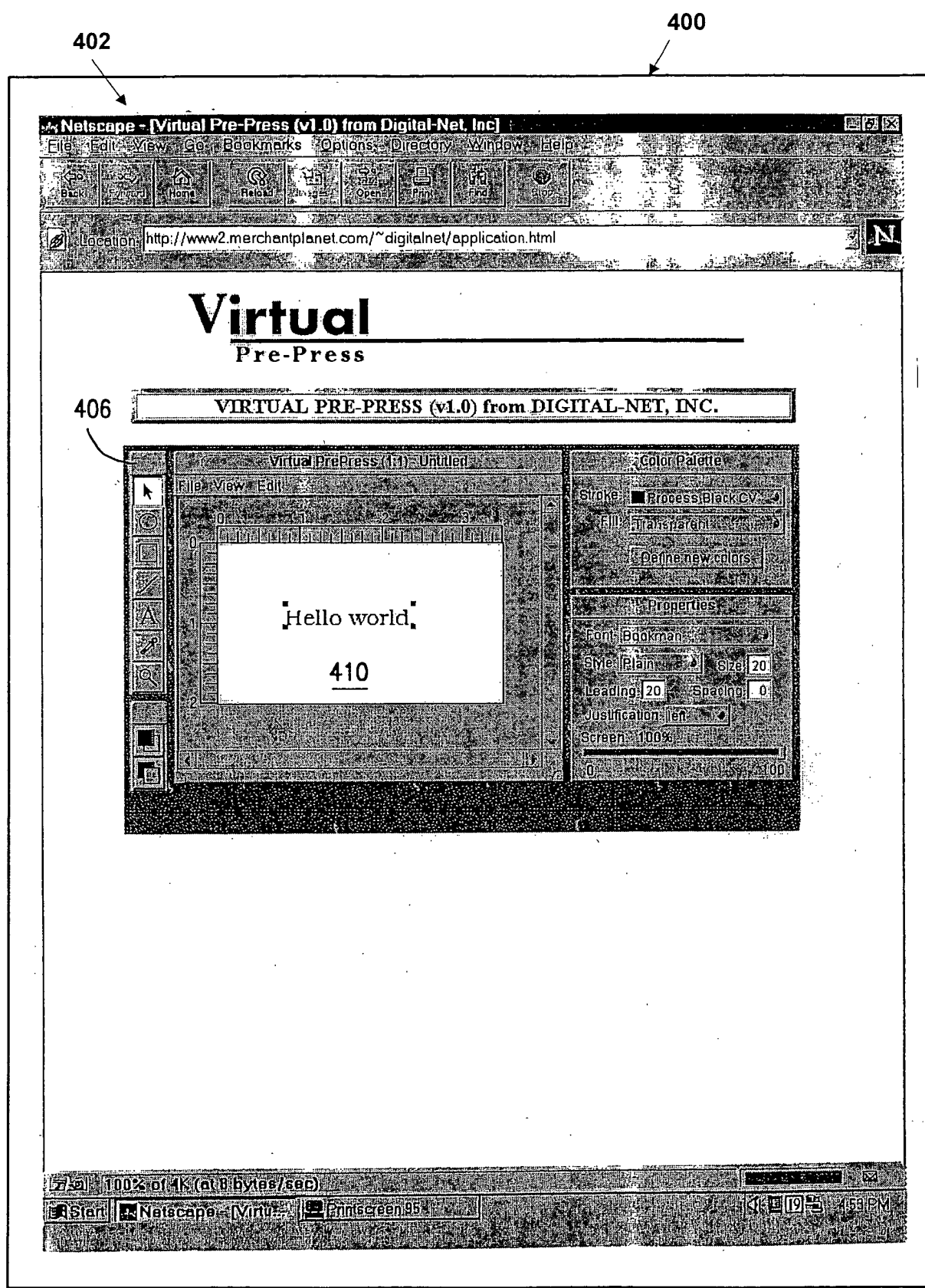


FIG. 4j

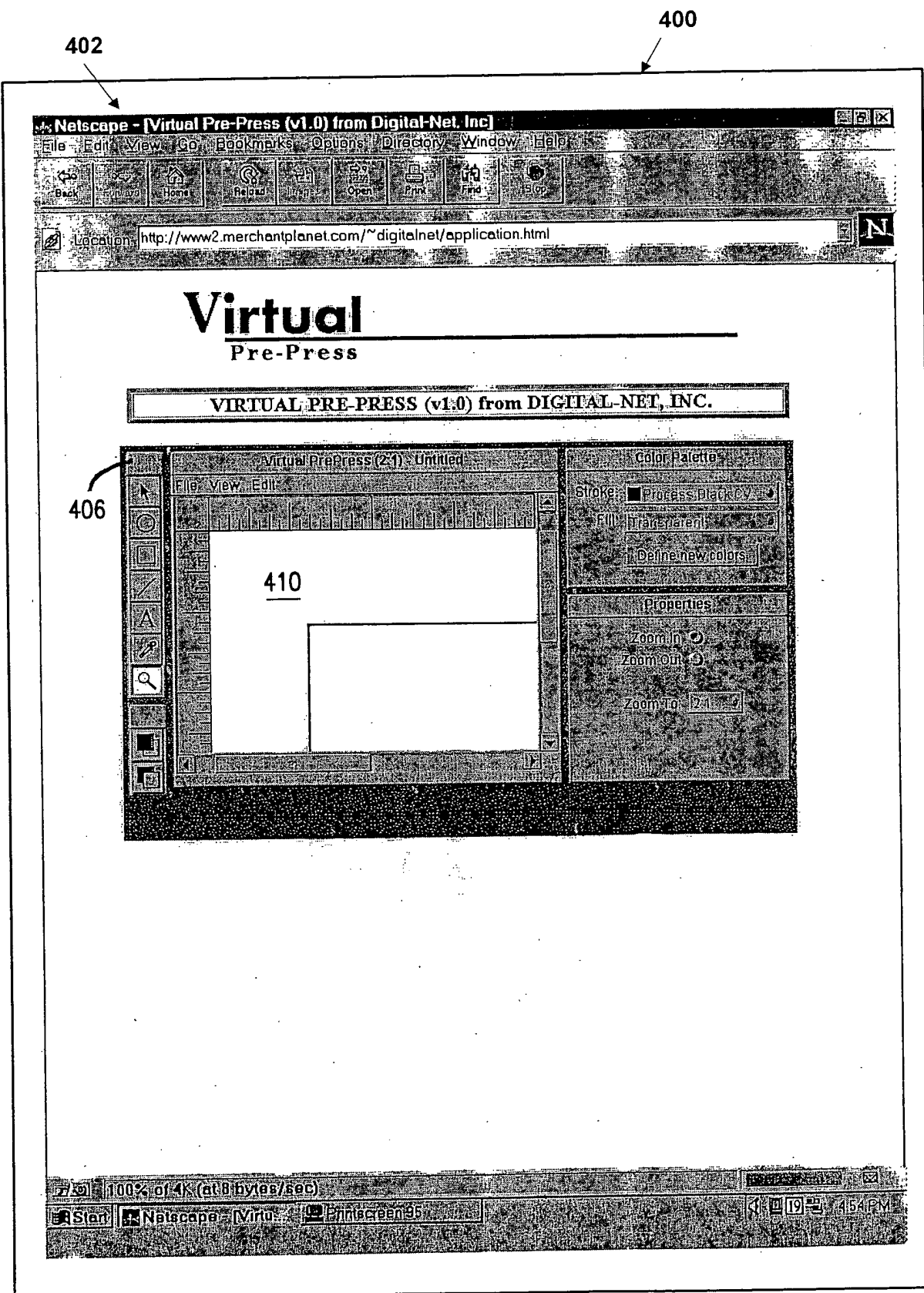


FIG. 4k

UIPE JUL 28 2003 PATENT & TRADEMARK OFFICE

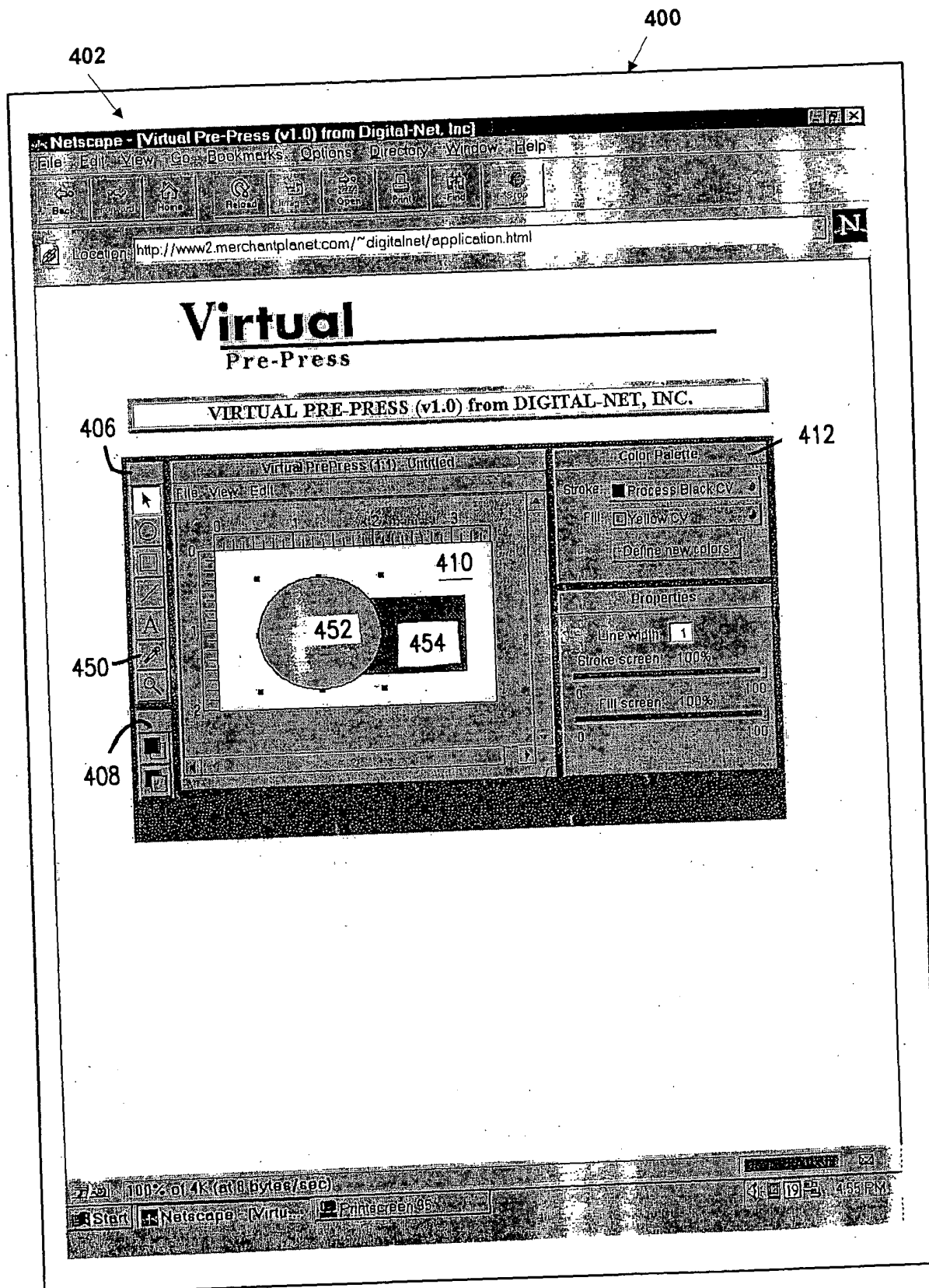


FIG. 41

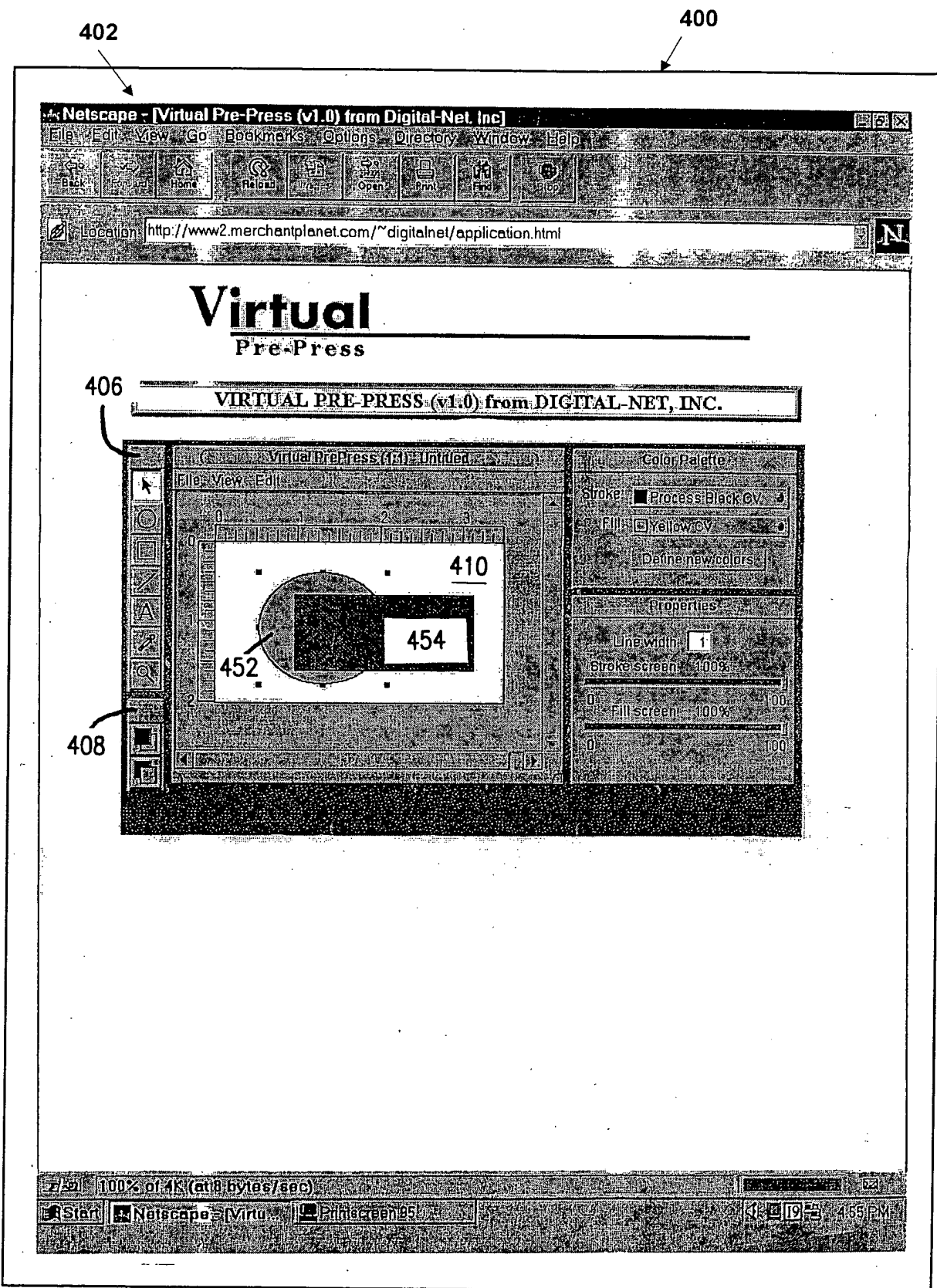


FIG. 4m



GLOBAL INSURANCE COMPANY
Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))



GLOBAL INSURANCE COMPANY

FName MInitial LName
Title or Position

503

1234 Main Street, Suite 56
Anytown, MN 55000 USA

Tel (123) 456-7890

Fax (123) 456-0000

E-mail FNLName@globalins.com

Please Fill out the following form with information as you wish it to appear on your business card.

Leave fields blank that do not apply.

EMPLOYEE INFORMATION

First Name: 504

Middle Initial: 506

Last Name: 508

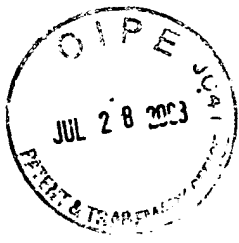
Title or Position: 510

CONTACT INFORMATION

502

500

FIG. 5a

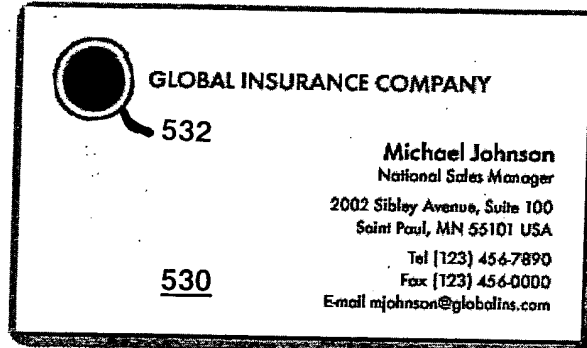


Division/Dept.:	<input type="text"/>	512
Address:	<input type="text"/>	514
Suite/Number: (optional)	<input type="text"/>	516
City:	<input type="text"/>	518
State:	<input type="text"/>	520
Zip/Postal Code:	<input type="text"/>	522
Email:	<input type="text"/>	524
Email Format: finitial.last@globalins.com		
Please Fill in your Telephone numbers. Leave fields blank that do not apply.		
Name:	Number:	
Telephone	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	526
Fax	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
-empty-	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
-empty-	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>	
<div>Preview Card</div>		
(Preview Card)		
528		
502		
500		

FIG. 5b



(Click here for [instructions](#))



Please review your card above. This preview above will be EXACTLY how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION then click on the "Submit Card Order" button.

EMPLOYEE INFORMATION

First Name:
Middle Initial:
Last Name:
Title or Position:

534

CONTACT INFORMATION

Division/Dept.:
Address:
Suite/Number:
(optional)
City:
State:
Zip/Postal Code:
Email:
Email Format:

534

Please Fill In your Telephone numbers. Leave fields blank that do not apply.

502

500

FIG. 5c



Name:		Number:	
Telephone		(123) 456-7890	Ext:
Fax		(123) 456-0000	Ext:
empty			Ext:
empty			Ext:

ORDER & SHIPPING INFORMATION

PREVIEW

Number of Cards: 250 528

Type:

- ☒ Normal Inter-Office Delivery
- ☐ UPS 2nd Day Air
- ☐ UPS Next Day Air

Deliver to:

- ☒ Address on Business Cards.
- ☐ Alternative Address shown below.

First Name:

Last Name:

Address:

Address:

Suite/Number:

City:

State:

Zip/Postal Code:

VERIFICATION INFORMATION

Cost Center:

Employee I.D.#:

(Finish)

502500

FIG. 5d